

## **EIPRP Meeting Minutes**

**Date of Meeting:** 8/30/2007

**Type of Meeting:** Standing Committee

**Facilitator:** Tom Simpatico, MD

**Note Taker:** Caitlin Bright

**Attendees:** Tom Simpatico, MD; Anne Jerman; Scott Perry; Kate Plummer; Liz Manfredi, Brenda Wetmore

**Agenda Topics:** Update on Proposed Symposium  
Update on New Debriefing Process  
Case Discussion  
Trends regarding Restraint and Seclusion

---

**Discussed:** Update on Proposed Symposium

Dr. Simpatico described a symposium, currently in the planning stage, to happen at the end of November or beginning of December at the Davis Center at UVM. The symposium would be hosted under the aegis of the UVM Division of Public Psychiatry. The topic would be current mental health statutes in Vermont (Act 114), and the consequences, intended and unintended, of the statutes. Dr. Simpatico mentioned that this was a particularly relevant time for this discussion, as the State is currently looking at service delivery systems, and what a service delivery system should look like.

Dr. Simpatico stated that a Steering Committee will be formed to shape how the meeting will take place, so it'll be representative of the various views and ideologies. The basic structure would be a two day meeting. The first day would involve talks and panel discussions, with care taken to capture all of the information discussed. The next day would involve presentations of the captured information regarding how people are thinking about the implications of the current system. Dr. Simpatico said that they hoped to write up the results and make these easily accessible to interested parties.

---

**Discussed:** Update on New Debriefing Process

Kate Plummer explained that the new debriefing form has recently come into use as a pilot. In practice, the form should be completed by the end of the shift when an EIP occurs. The responsibility for seeing that it is filled out falls to the Charge Nurse – they should either complete the form themselves or designate someone else to do that. Kate Plummer explained that the form greatly aided in the gathering of information, and instilled a habit of having open discussion every time an EIP happens.

Anne Jerman stated that the new debriefing process allows VSH to better collect two kinds of information: firstly, anything that was missed that might have helped to avoid an EIP, and secondly when an EIP must be used, how can we improve the functioning as a team, and make the whole process smoother for everyone involved.

Liz Manfredi asked whether these debriefing forms would be stored in the patient files. Anne Jerman replied that they would not be, and would be peer protected so that staff would be comfortable giving open, honest answers.

---

**Discussed:** Case Discussion

Dr. Batra presented a patient for a case discussion. There was a brief discussion regarding this patient who VSH staff believe has been inappropriately placed at the Hospital. VSH staff feel they are currently at an impasse, as this patient has been incurring repeated uses of restraints and seclusions, and is a danger to other patients as well. There seem to be no other strategies available to staff.

---

**Discussed:** Trends regarding Restraint and Seclusion

Dr. Simpatico spoke about cumulative numbers regarding incidents of restraint and seclusion at VSH. These numbers have been held at a steady state for eight months. They are close to or below the cumulative national average. Dr. Simpatico stated that if there was a more expedient way of getting people medicated, or if other techniques such as sensory modulation could be available, these would help to decrease the incidents.

Kate Plummer asked if the national average was for comparable facilities. Dr. Simpatico explained that they were not comparable facilities, as the level of acuity at VSH was much higher, which makes the current numbers even more remarkable.

---

**Adjourned at 2:37 pm.**